

Logic Model Training

Developed and Delivered by: The Evaluation Division

February 29, 2000

8:45 am-12:00pm

Goal: To build the capacity of HIV prevention program monitors and planners to develop and utilize logic models to support intervention planning, design, monitoring and evaluation requirements.

Objectives:

1. To define logic model terminology -inputs, activities, outputs, outcomes and target population.
2. To provide opportunities to categorize statements using logic model terminology.
3. To demonstrate how a logic model is developed for a prototype HIV prevention program.
4. To provide opportunities to practice developing logic models for real HIV prevention interventions.
5. To provide opportunities to present logic models for real prevention programs to the full group.
6. To describe the uses and benefits of logic models.

Agenda

8:45-9:00	Bagels and Coffee
9:00-9:10	Welcome
	Workshop purpose (OH1 and OH2)
9:10-9:20	Brainstorm all the things that prevention program monitors and planners count (recorder writes items in four unlabeled columns – corresponding to inputs, activities, outputs and outcomes)
9:20-9:35	Using brainstorm list above, define logic model terminology – OH3 and OH4
9:35-9:55	Categorization of Activity Statements OH5 and OH6
9:55-10:25	Demonstration: Constructing a Logic Model OH7 and OH8
10:25-10:35	Break
10:35-11:15	Small Groups: Logic Model Exercises
11:15-11:45	Small Group Presentations with Large Group Feedback
11:45-12:00	Uses and Benefits of Logic Models – OH9
	Closure and Workshop Evaluation

Logic Model Training Annotated Agenda
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Annotated Agenda

- 8:45-9:00 Bagels and Coffee
- 9:00-9:10 Welcome – inspiration for the workshop; use of logic models is growing
Workshop goal and objectives (OH1 and 2)
- 9:10-9:20 Brainstorm all the things that prevention program monitors and planners
count (recorder writes items in four unlabeled columns – corresponding to
inputs, activities, outputs and outcomes)
- 9:20-9:35 Identify column titles. Summarize where most of the things we count are.
What are the implications of this in a new funding environment. Using
brainstorm list above, define logic model terminology and show what a
logic model looks like. (OH3 and OH4)
- 9:35-9:55 Activity Statement Identification Handout – Trainees complete handout
individually or in pairs. Work through and discuss answers as a large
group– (OH 5 and 6)
- 9:55-10:25 Demonstration of how a logic model is constructed – Bob – OH7 and OH8
- 10:25-10:35 Break
- 10:35-11:15 Small Group Logic Model Exercises –
3 min -Distribute intervention plans. Select a person to present each small
group's logic model to the large group
10 min – have the group members cull out inputs, activities, outputs,
outcomes from case materials and jot them down independently on paper
10 min – synthesize the input, activity, output and outcome statements
from individual group members
17 min – analyze the logic of the model – does anything appear to be
missing? Unrealistic? Out of order? Not scientifically sound? Not
culturally sensitive? Make adjustments in the model to make it “logical”,
“realistic”, scientifically sound, culturally sensitive. (Note: The groups
probably will not cull every item from the cases in such short time...this
isn't important. We want to get them to the point of analyzing the model)
- 11:15-11:45 Small Group Presentations with Large Group Feedback
- 11:45-12:00 Uses and Benefits of Logic Models – OH 9
Closure and Workshop Evaluation

Materials

Overheads –

- OH 1: Training Goal**
- OH 2: Workshop Objectives**
- OH 3: Logic Model Terms and Definitions**
- OH 4: Logic Model Sequence**
- OH 5: Categorization of Activity Statements**
- OH 6: Logic Model for Activity Statements**
- OH 7: Large Group Demonstration Logic Model-Part 1**
- OH 8: Large Group Demonstration Logic Model-Part 2**
- OH 9: Uses and Benefits of Logic Models**
- Blank Transparencies that Small Groups may Use
to Make Overheads of their Logic Models**

4 Transparency Pens

Handouts

- copies of agenda and selected overheads (30 copies)**
- Case studies –copies for each small group (8 copies or each)**

FlipCharts, Markers, Tape and FlipChart paper

Evaluation Forms (30 copies)

TRAINING GOAL

To build the capacity of HIV prevention program monitors and planners to develop and utilize logic models to support intervention planning, design, monitoring and evaluation requirements.

TRAINING OBJECTIVES

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Logic Model Definitions

Input:

A resource dedicated to or consumed in a program, project or intervention.

Activity:

Services the program provides to meet its objectives. What the program does with its inputs – how it goes about transforming them into products.

Output:

The direct products of program activities and operations.

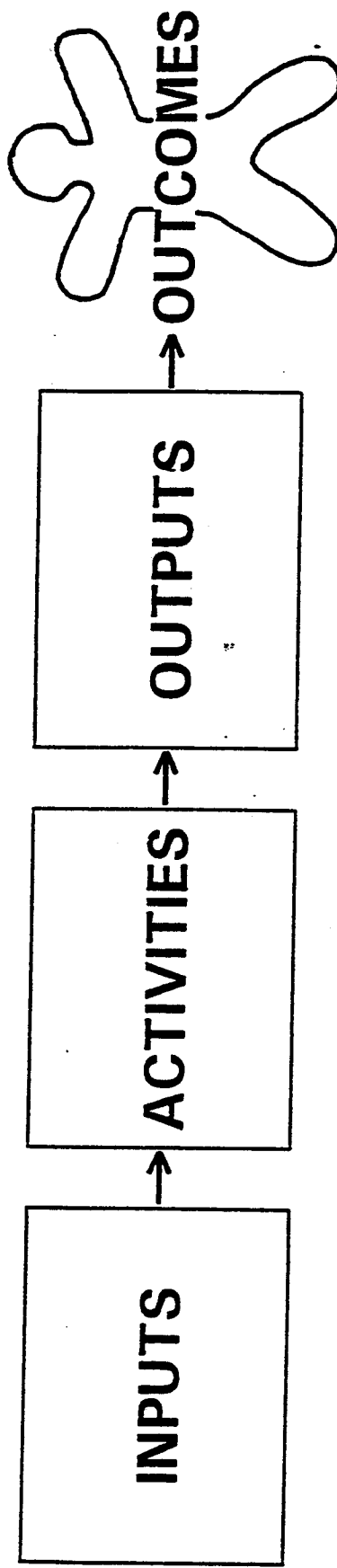
Outcome:

The benefits to participants during or after participating in the program.

Target Population:

The people your program aims to reach – often described according to age, gender, race/ethnicity and/or risk factors.

Program Outcome Model



Resources

- ✓ money
- ✓ staff
- ✓ volunteers
- ✓ equipment & supplies

Constraints

- ✓ laws
- ✓ regulations

' Services

- ✓ training
- ✓ education
- ✓ counseling
- ✓ mentoring
- ✓ internships

Products

- ✓ classes taught
- ✓ counseling sessions conducted
- ✓ educational materials distributed
- ✓ hours of service delivered
- ✓ participants served

Benefits for People

- ✓ new knowledge
- ✓ increased skills
- ✓ changed attitudes or values
- ↓
- ✓ modified behavior
- ↓
- ✓ improved condition
- ✓ altered status

Activity Statements

Label the Following Statements with the Appropriate Letter:

I = Input

A = Activity

OP = Output

OC = Outcome

T = Target Population

_____ Middle School (MS) peer leaders engage their peers at school in 3-5 minute discussions about sexual risk reduction

_____ Sexually-active MS youth in neighborhoods with high HIV incidence

_____ "Be A Responsible Teen" curriculum

_____ MS youth engaged by peer leaders show an increased personal perception of risk

_____ 200 MS youth were engaged by peer leaders

_____ Condoms and brochures

_____ MS youth that never used condoms before use them when having casual sex

_____ Incentives

_____ 1000 condoms and 2000 brochures were distributed by peer leaders

_____ 22 youth engaged by peer leaders enroll to become new peer leaders

_____ 43 youth were referred to CTS in 1st quarter of the fiscal year

_____ A refresher course in HIV knowledge and communication strategies is held for peer leaders

_____ The target Middle School forbids distribution of condoms on school property

ANSWER KEY

Activity Statements

Label the Following Statements with the Appropriate Letter:

I = Input

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A Middle School (MS) peer leaders engage their peers at school in 3-5 minute discussions about sexual risk reduction

T Sexually-active MS youth in neighborhoods with high HIV incidence

I "Be A Responsible Teen" curriculum

OC MS youth engaged by peer leaders show an increased personal perception of risk

OP 200 MS youth were engaged by peer leaders

I Condoms and brochures

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I Incentives

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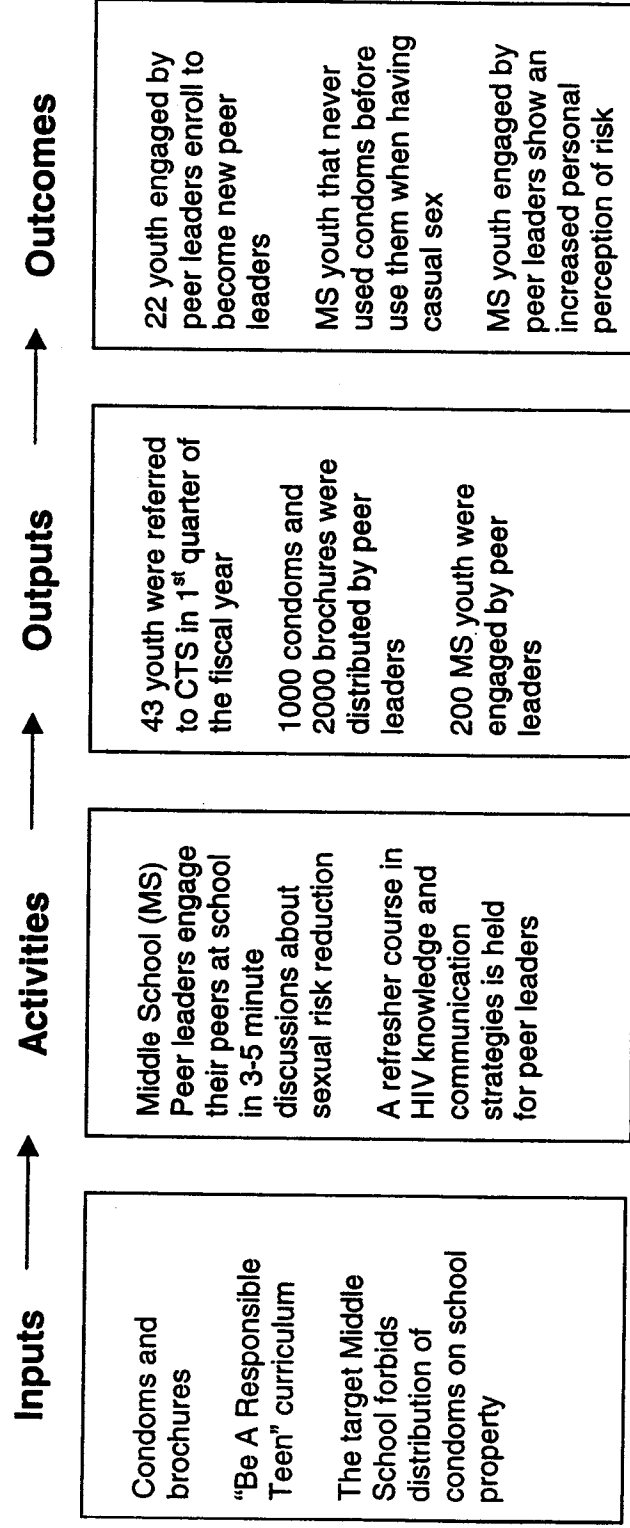
OC 22 youth engaged by peer leaders enroll to become new peer leaders

OP 43 youth were referred to CTS in 1st quarter of the fiscal year

A A refresher course in HIV knowledge and communication strategies is held for peer leaders

I The target Middle School forbids distribution of condoms on school property

Activity Statements in Logical Order



Target Population: Sexually-active MS youth in neighborhoods with high HIV incidence

African-American MSM Outreach Program - Logic Model

Key Influencer Training

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
Key influencer recruitment	Key influencer training sessions	# of key influencers recruited	Key influencers qualified to contact/train others in prevention
Meeting space for training	Training session 1 topics: HIV/AIDS facts Personalization of risk Communication skills	# of key influencer training sessions	Education/role modeling by key influencers to others
Vendor training staff	Training session 2 topics: Etc.	# of key influencers fully trained	Increased knowledge of HIV/AIDS, transmission, and prevention
Training curriculum: Empowerment & Skills Building		# of trainees attending session 1	Increased perception of severity of HIV and susceptibility to infection
			Increased skills and self-efficacy for educating others about HIV and risk reduction

African-American MSM Outreach Program - Logic Model 12/99

Outreach

INPUTS

Trained key influencers
Permission for outreach activities from MSM-oriented businesses

ACTIVITIES

One-on-one outreach contacts
Distribution of HE/RR literature
Distribution of condoms/barriers
Invitation of contacts to HE/RR small group sessions

OUTPUTS

of outreach contacts made
of pieces of HE/RR literature distributed
of condoms/barriers distributed
of contacts recruited to HE/RR sessions

OUTCOMES

Increased knowledge of HIV/AIDS, transmission, and prevention
Increased perception of personal risk
Increased awareness of CTS services as confidential/anonymous
Increased condom/barrier use

Uses and Benefits of Logic Models

- **“Helps to Get People on the Same Page” About the Programs Goals and Strategies**
- **Helps to Identify Gaps in the Program**
- **Helps to Show When Resources are not Sufficient to Meet Outcome Objectives**
- **Highlights Things You Might Want to Measure in an Evaluation**
- **Good Communication Tool for Funders and/or Grantees**
- **Shows Internal Logical Consistency of Plan**
- **Maps Out Program Paper Flow**

Project 1: HIV Outreach to Latin Americans (HOLA)

Target Population: Hispanic/Latino adults with low level of formal education & at high-risk for HIV infection.

Program Goal: To reduce high-risk behaviors related to the transmission of HIV and other STDs in heterosexual Hispanic/Latino adults.

Outcome Objectives:

Trained Key Influencers will demonstrate increases in:

- * Knowledge of HIV/STD transmission and prevention;
- * Knowledge of culturally & linguistically competent resources accessible to Latinos;
- * Perceived risk for and severity of HIV/STD infection;
- * Positive attitudes toward using condoms as an HIV/STD risk reduction device;
- * Perception that HIV and STD Counseling and Testing services are accessible, confidential, anonymous, and culturally and linguistically competent;
- * Skills and self-efficacy in educating other Latinos/Hispanics about HIV/STD;
- * Intentions to conduct HIV/STD prevention outreach among Latinos/Hispanics;
- * Skills and self-efficacy in demonstrating how to correctly use condoms and clean needles.

Recipients of encounters with Key Influencers will show increases in:

- * Knowledge of HIV/STD transmission and prevention strategies;
- * Perceived risk for and severity of HIV/STD infection;
- * Knowledge of the prevalence of HIV/STD in the Latino/Hispanic community;
- * Knowledge of culturally and linguistically competent, anonymous, keep confidential HIV and STD services accessible to Latinos/Hispanics.

Process Objectives:

- * Establish & maintain an HIV/AIDS Advisory Committee (AC) consisting of HIV/AIDS professionals and community representatives from the target population to provide advice and assistance with project activities. The AC will meet at least once every two months and the first meeting will be conducted within 6 weeks of the contract execution date.

By the end of the first quarter, the Grantee shall:

- * Recruit and provide a minimum of 10 hours of culturally and linguistically appropriate HIV and STD prevention related training to a minimum of eight (8) not previously trained Hispanic/Latino adults who will become Key Influencers in their community.

During the second, third and fourth quarters, the Grantee shall:

- * Insure that trained Key Influencers engage at least 5 of their peers monthly in HIV & STD educational outreach activities for a total reach of 360 Hispanic/Latinos from target area.
- * Provide regular follow-up training & assistance to Key Influencers previously trained & currently providing service.
- * Conduct 2 small group, multi-session interventions with 10-15 participants per group. Key Influencers will partner with vendor in planning, recruiting & implementing interventions.
- * Insure that Key Influencers have access to culturally and linguistically appropriate prevention materials to distribute to reinforce HIV prevention activities.
- * Insure that Key Influencers refer high-risk individuals for bilingual HIV Counseling and Testing and other health and human services as indicated.

Project 2: African American High-risk Youth

Target Population: African American youth who engage in high-risk behaviors and/or who live in high HIV/STD prevalence communities.

Program Goal: To reduce high-risk behaviors related to the transmission of HIV and other infectious diseases in African American youth.

Outcome Objectives:

Youth participants will demonstrate increases in:

- * Knowledge of HIV/STD transmission and risk reduction strategies;
- * Perceived risk for and severity of HIV/STD infection;
- * Self-efficacy and intentions to reduce high-risk behaviors;
- * Positive attitudes toward condom use;
- * Mechanical skill in effective condom use;
- * Skills to counsel others regarding risk reduction and behavior modification;
- * Skills in assertive communication, negotiation and refusal;
- * Knowledge of youth-friendly, accessible HIV and other health and human service programs, services and resources.

Process Objectives:

By the end of the first quarter, the Grantee shall:

- * Recruit and train facilitator(s) (.4 FTE) to use the Be Proud Be Responsible curriculum, the BART curriculum, or another curriculum approved by the Department to conduct multi-session, group level interventions with high-risk youth in community settings.
- * Identify community locations from which to recruit high-risk youth for the multi-session intervention. For example, youth can be recruited through schools, Boys & Girls Clubs, counseling centers, comprehensive health centers, church groups, runaway shelters, group homes, and other social clubs.
- * During the second, third and fourth quarters, facilitators will conduct a minimum of 128 hours of small group, multi-session interventions using the curriculum in which the Facilitators were trained. This total session time may reflect 8 groups completing a 16-hour intervention, 16 groups completing an 8-hour intervention or any variation of this concept. The number of youth in each group may range from 6-12.
- * Refer participants to HIV Counseling and Testing services and/or other health or human services as indicated.
- * Distribute educational materials, condoms, and other devices to participants with appropriate written parental consent, if required.
- * Administer all monthly reporting materials and evaluation instruments as determined by the Department.

Project 3: African American High-risk Women

Target Population: African American women who engage in behaviors that put them at risk for becoming HIV infected.

Program Goal: To reduce high-risk behaviors related to the transmission of HIV in African American women.

Outcome Objectives:

Program Participants will demonstrate:

- * Increased knowledge of HIV/STD transmission and risk-reduction strategies;
- * Increased assertiveness, communication and negotiation skills;
- * Increased attitudes and norms supportive of consistent condom use;
- * Positive movement along the following stages of behavior change
(pre-contemplation (contemplation (preparation (action (maintenance);
- * Increased skills and self-efficacy to correctly use condoms and clean needles.

Process Objectives:

By the end of the first quarter, the Grantee shall,

- * Recruit Outreach Specialist(s) (.6 FTE), who are experienced in leading groups and ideally should match the participants on the basis of gender and ethnicity.
- * Ensure that Outreach Specialist(s) attend training in HIV/AIDS/STD education and risk reduction strategies using the RAPP curriculum as provided by the Department.

During the second quarter, the Outreach Specialist(s) will:

- * Conduct stage based outreach to the target population;
- * Network in the community to raise awareness about the program, establish drop off sites for educational materials and identify community locations from which to recruit Peer Educators;
- * Recruit at least 15 Peer Educators who are experienced in outreach and ideally should match the target population on the basis of gender and ethnicity.
- * Train the Peer Educators in HIV/AIDS/STD education and risk reduction strategies using the RAPP curriculum.

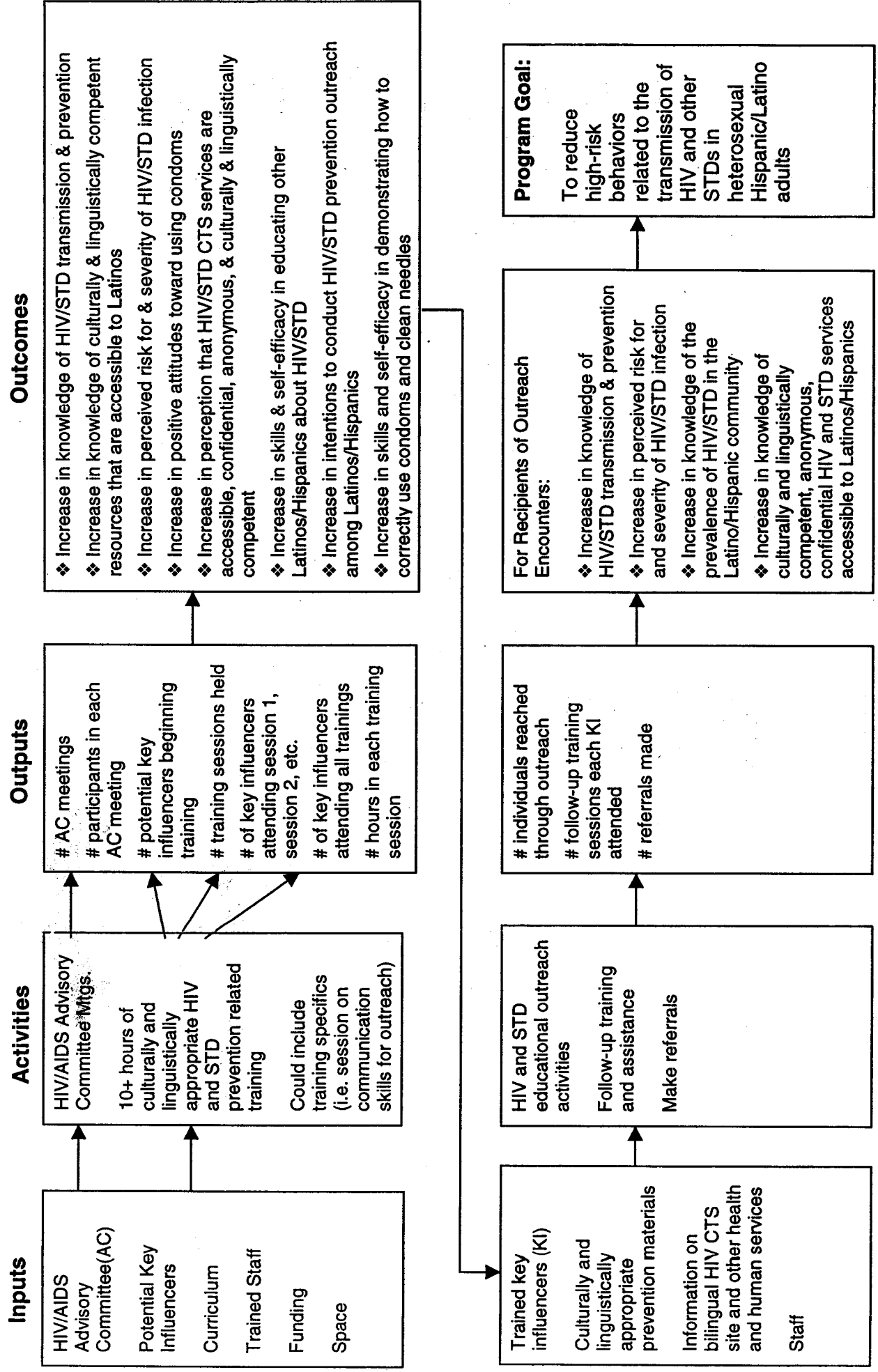
During the third and fourth quarters, Outreach Specialist(s) will:

- * Provide mentoring and additional training to Peer Educators as needed;
- * Conduct a minimum of 15 two-hour (minimum time) small group Home Health parties/Educational Sessions with 6-12 participants in each intervention group. Settings for these sessions may include homes, community-based organizations, substance abuse treatment facilities, domestic violence shelters, detention centers, etc.

During the third and fourth quarters, Peer Educators will:

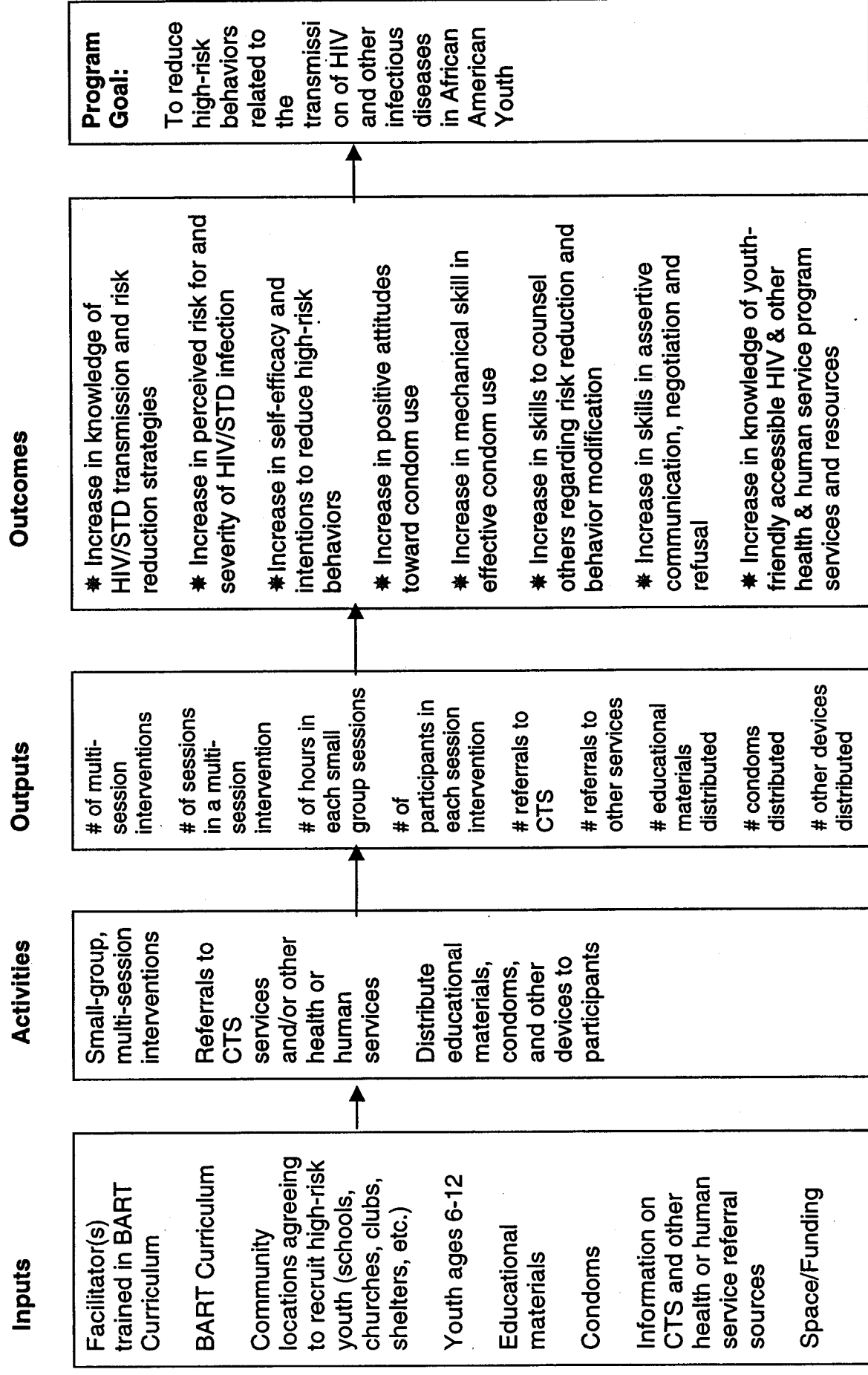
- * Conduct stage based outreach to the target population;
- * Distribute role model stories to drop off sites;
- * Recruit hosts/organizations for the small group Home Health parties/Educational Sessions conducted by the Outreach Specialist(s).
- * Work with Dept. to develop targets for intensive, high quality outreach encounters.
- * Refer participants to HIV Counseling and Testing services and other health and human services as indicated.

HIV Outreach to Latin Americans (HOLA Peer Educator Model) **Target Population: Hispanic/Latino(a) adults with low levels of formal education and at high-risk for HIV infection.**



African American High-risk Youth

Target Population: African American youth who engage in high-risk behaviors and/or who live in high HIV/STD prevalence communities.



African American High-risk Women

Target Population: African American women who engage in behaviors that put them at risk for becoming HIV infected

